

of the thyroid extract will be noticed very markedly during the first week of its administration. Patients have been known to lose as much as fifty pounds of flesh in six months without any serious disturbance of their general health, simply under the use of gradually increasing doses of thyroid extract. The use of thyroid extract in cretinism has suggested its use in the retarded development of children, even where there is no evidence of any deficiency of the thyroid. In some few cases favorable reports have been given, but as a rule the condition is not much modified unless there is an obvious etiological relation between it and the thyroid. JELLIFFE.

PATHOLOGY.

UEBER EINIGE MAKROSKOPISCHE GEHIRNBEFUNDE BEI MÄNNLICHEN PARALYTIKERN (On Some Macroscopic Changes in the Brains of Male Paretics). NÄCKE (Allg. Zeitschrift für Psychiatrie, 1900, Bd. 57, S. 619).

The author has studied the gross pathological changes in the brains of 100 paretics, paying special attention to the condition of the skull, the membranes, the ependyma, the cortex and the arteries. In all of these, he finds the greatest variability as to the presence and extent of lesions, and thinks that the descriptions of the pathological anatomy of general paresis, which are found in the various text books, are entirely too didactic, and need to be modified. The following conclusions are drawn:

1. Since in the course of time the clinical picture of general paresis seems to have undergone a change, it is to be expected that its pathological anatomy should also change, and careful observation shows that it has in fact done so.

2. There is macroscopically no absolutely pathognomonic change in the brain of the paretic, and so far as our present methods go, there is none microscopically recognizable either.

3. By comparison, the clinical symptoms of paresis are found to vary in different institutions, dependent upon race, occupation and conditions of life. The anatomical findings correspondingly vary, as reported from different sources during the same period of time.

4. Comparing observations from different countries, this variation is even more marked.

5. Atheroma of the cerebral vessels, the heart and temporal arteries, is so irregular in its occurrence and location in general paresis that no direct connection between the two can be assumed.

6. That vascular disease in general paresis is syphilitic in origin is so far unproven.

7. More extended observations on the gross brain changes in paretics, especially in women, are needed.

8. To be of assured value, these observations should be made by pathologists of extended training and experience.

The article is carefully prepared, and commends itself to those interested in the subject. A number of references are given.

ALLEN.

L'ANATOMIE PATHOLOGIQUE ET DE L'HISTOPATHOLOGIE DE LA PARALYSIE-GÉNÉRALE. (The Pathologic Anatomy and the Histopathology of General Paralysis.) SERGE SOUKANHOFF and F. GEIER (Nouvelle Iconographie de la Salpêtrière, 13th Year, No. 5. September-October, 1900, p. 478).

This is a very suggestive piece of work on the study of the cen-

tral nervous system of two cases of general paralysis. The method used was that of Busch, which is essentially that of Marchi, with these advantages, as stated by the authors: First, the general surface of the preparation is much clearer, the black granules can be more easily seen and are more distinct. Second, the osmic acid preparation takes place more rapidly. The method briefly is this: Formol hardening, washing in water, sections placed in a solution—osmic acid, 1.0; iodide of sodium, 3.0; aq. destil, 300.0. The preparations are left in this solution for from four to fourteen days, they are then washed in water, imbedded in celloidin and cut. Other methods employed were toluidin blue, polychrome, methylene blue, thionine, Delafield, Apathy, Heidenhain, etc. The findings in the two cases are given in great detail. In this abstract only some of the general conclusions as derived by the authors from microscopic details will be given. The two cases showed a great resemblance in their anatomic appearances, but the severity of the pathologic findings correspond very well with the clinical differences in point of the severity of the motor involvement. The motor symptoms were much more pronounced in the first case, there being contractures in the lower extremities, rigidity in the hands, etc. Histopathologically the findings showed an interesting correspondence in comparison with the second case, in which the motor symptoms were much less pronounced. The secondary degeneration of the lateral pyramidal tracts was very pronounced, commencing in the left hemisphere and extending to the lower part of the left half of the cord. The vascular changes, pigmentary and fatty degeneration of the cortical cells and those of the cord, degeneration in the other systems, and in the conducting spinal paths, etc., were found. In the second case, the motor symptoms being less pronounced, the degeneration of the lateral tract on the right was less pronounced than in the first case. The degeneration on the left corresponded.

In both cases a very marked myeline degeneration at the periphery of the cord was observed, and more accentuated lesion of the radicular fibers and of the posterior root of the inferior than of the superior portions of the cord was noted. The last fact is difficult of explanation. It probably points to a general autointoxication or to an intoxication as is observed in polyneuritis. Since, in addition to the fact described before, the intramedullary part of the roots has been involved more by the lesion than the extramedullary part, it must be concluded that the meninges were involved in the lesion. The modifications in the intramedullary pressure of the cord produced circulatory changes in the lymph and was reflected upon the meningeal structures. In passing through the altered meninges, the root fibers would be exposed to a certain degree of pressure, which would prevent the regular transmission of trophic influences from the nervous centers, that is to say, from the spinal ganglia. It is for this reason that the intramedullary part of the posterior fibers is exposed more quickly to degeneration than the extramedullary portion, the latter being more favorably situated by means of their position for the trophic influences of the spinal ganglia. The modifications in the pyramidal tract are due to modifications in the cortical nerve cells. Their alteration probably bears some relation to the attacks of apoplexy observed so frequently in progressive paralysis, depending possibly upon a disturbed circulation or vascular change there. The profound modifications of the cortex of the frontal lobe have another pathogenesis, probably being due to a local inflammatory process.

SCHWAB.